

Tape #8

Dr. M. E. DeBakey

with Don Schanche

Houston, Texas

8/6/72

Side I - A

SCHANCHE: Are you having any luck in your search?

DR. DeBAKEY: Well, some, yeah. The thing is I've been trying to..
I've got some things at home which I'm trying to pull
out and I'll get those out.

SCHANCHE: Well, I think in our last conversation... Incidentally,
we're going to have to go back to every bit of this to
draw out detail and sort of refresh your memory about
things. What we have now is sort of sketchy.

DR. DeBAKEY: Yeah. That's right. Yeah.

SCHANCHE: We got as far as you were putting this together, the
medical school. And Mr. Taub's great contribution...

DR. DeBAKEY: Yeah. Incidentally, I was talking to Mary Lasker this
week and she has done a kind of oral.. She is doing a
kind of an oral history.

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SCHANKE: Up at Columbia, or ...

DR. DeBAKEY: I don't know where it is or whose doing it, but she said that.. I asked her, you know, if she would be willing to see you. And she said she'd be glad to.

SCHANKE: Good.

DR. DeBAKEY: I think you need to see her and Mike Gorman in Washington who can fill you in on a lot of the activities that we've been in on together, particularly in terms of legislation and various committees that we established that has influenced legislation on health. So, sometimes in the near future I think you ought to arrange to see Mike Gorman in Washington and maybe spend some time with him and Mary Lasker in New York.

SCHANKE: I have his address and I can reach her.

DR. DeBAKEY: Yeah. And they're both.. I've already talked with Mike too. And he said he'd be glad to talk with you at any time.

SCHANKE: Since you are mentioning Mary Lasker, it seems to be a kind of interesting story on how you first became involved with her and.. Was it just sort of a small group of dedicated people who...?

DR. DeBAKEY: Yeah, but you see, I became involved with her in the very early days when she.. Well, she first got started in the health field in cancer. Really, through her husband who died of cancer.

SCHANKE: Her husband was the chairman of the Cancer Society.

DR. DeBAKEY: That's right. He died of cancer. And from then she went on to her interest in developing more and more sort of governmental support for this. And she became involved in the heart disease area as well and was on the Heart Council with me. We were on the Heart Council together and became very close friends after that. And I became more and more closely associated with her in a number of endeavors including her own foundation which sponsors and supports the Lasker Awards. I became a part of that award committee. I won the award one year and then later they put me on the committee. And I was chairman of it for a while. So, I've gotten to know her very closely. It really was through her that I got to know Princess Liliane and became her close friend too.

SCHANKE: How did that meeting come about?

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DR. DeBAKEY: Well, Princess Liliane became interested in heart disease because of her son who had coarctation. And she began to, like mothers will--she is a very concerned mother.

SCHANKE: Her son had what?

DR. DeBAKEY: Coarctation of the aorta. He needed to be operated on. And this was in the early days and she found out there was very little experience in Europe. And the two people who had pioneered in this field were Grosse in Boston and Carforbes in Sweden. And she met Mary Lasker through mutual friends and she became interested in trying to do something about improving the quality of cardiovascular activities in Europe, especially in Belgium. She was sort of appalled to find there was very little going on. So she set about to establish a foundation like Mary did. Then she got advice from Mary about what to do and so on. And she wanted some information from Mary as to who she could get to help her. Mary said, "Well, the man you want to try to get is Dr. DeBakey." She said, "Well how can I go about getting him?" And Mary said, "Well I'll

DR. DeBAKEY: call him and then you invite him to come over." Which is what she did. And I told Mary that I would be very pleased to do anything I could to help her. So she invited me to come and at that time she and her husband were staying in the palace. They later moved to their own place. And they have a little theater in the palace. And she made this a little..made a little conference area where I could give lectures and show slides and movies. And she invited all of the leading internists and surgeons from the four main universities in Belgium. And we had nearly a week's session during which I showed movies and talked about the work we were doing.

SCHANKE: Is there more than one medical university in Belgium?

DR. DeBAKEY: Oh, yes. There are four.

SCHANKE: Four.

DR. DeBAKEY: Yeah. Four medical schools. And then I visited them all. We initiated a program of training exchange--having their people to come over here to get some training. And she put up money to support them and gave them fellowships. And then I would periodically go back and operated and

DR. DeBAKEY: so I sort of demonstrated and gave lectures at the universities. And over a period of some ten years or so that I've been doing this, she has really changed the whole quality of the cardiovascular area in Belgium.

SCHANKE: What year was it when she began to seek Mary Lasker's help? In the fifties?

DR. DeBAKEY: Oh this goes back to... Yes, the fifties. I'll have to get.. See, that's what I need for those specific things-- the files on the travel.
But...

SCHANKE: Well, I gather you found her quite a charming person from the very beginning.

DR. DeBAKEY: Yes, well she is a very, very intelligent person. Very intelligent. She reads...

SCHANKE: Is she the King's mother?

DR. DeBAKEY: No, no, no. She is the present.. She is the step-mother of the present King of Belgium--Baudouin. You see, the King of Belgium was married to Queen Aspid, remember. And she was killed in an accident just before the war-- during the war. And then he married this lady, Princess

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DR. DeBAKEY: Liliane. Now he had three children, I believe, with his first wife.

SCHANKE: Was she Belgian?

DR. DeBAKEY: Oh, yes. And then after they got married they had three children-- two daughters and a son. And the present King is the.. is Baudouin who is the son of the..

SCHANKE: Queen Aspid.

DR. DeBAKEY: That's right. She's extremely intelligent. Really quite charming and a beautiful lady, really. And, of course, very active. Very active. And I think she knows as many people in medicine--medical science--as anyone.

SCHANKE: And this began with her son's heart problem.

DR. DeBAKEY: Yeah, that's right.

SCHANKE: She was not medically involved before then.

DR. DeBAKEY: No, no. Not at all.

SCHANKE: How old was the boy at this time?

DR. DeBAKEY: Oh, I guess, he must have been about ten or twelve years of age.

SCHANKE: Did you operate on him?

DR. DeBAKEY: No, no. Grosse operated on him in Boston. I didn't know her then.

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SCHANCHE: And the operation was successful?

DR. DeBAKEY: Yes, it was quite successful.

SCHANCHE: When you're with her do you speak French or English?

DR. DeBAKEY: No, I usually speak English with her because she speaks English perfectly. And he does too. And, but she speaks English, French, Flemish, German, and some Italian, and Spanish. Extremely intelligent person. Charming people.

SCHANCHE: Do you feel that a good deal of her medical education has come from you?

DR. DeBAKEY: Well, in the cardiovascular area, yes, because she's followed the work very well. And she knows what can be done now. And she reads everything. She's got all my papers. She follows it very closely. She's been here a number of times. She is avidly interested in the surgery progress. She even does other things. For example, she knew the president of Chile very well. I think at one time he was ambassador to Belgium, or something like that. Well, she met him at some meeting and some of his associates and was talking to him about it. She gets on that subject right away--cardiovascular area.

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DR. DeBAKEY: And he said something about, you know, well we ought to do the same thing in Chile. Get a foundation going and so on. And she said, "Well, I know the man to help you do it." And the next thing you know, she was on the phone calling me about going to Chile and getting a team together and bringing them down there.

SCHANCHE: This was well before Aliande, I guess?

DR. DeBAKEY: Oh, yes. Yes, this was maybe ten years ago. And so I put a team together of about eight or ten people and we went down there to Santiago. And she came and was with us the whole week. And watched surgery and went to all the social functions.

SCHANCHE: She scrubs and stands and watches?

DR. DeBAKEY: Oh, yes.

SCHANCHE: She's quite a surgery buff?

DR. DeBAKEY: Oh, yes. She's quite a buff. And she knows it--the surgery too. Just by watching what's going on she knows whether it's done well. And she's tremendously interested in everything that's going on. Well, she raised about three hundred thousand dollars while she was down there.

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DR. DeBAKEY: We got a lot of publicity. The papers were full of what we were doing there. Met with the President and all the government officials. And we arranged for some of their people to come up here and get training and...

SCHANKE: When you go on this kind of demonstration, do you bring all of your own equipment?

DR. DeBAKEY: Not necessarily. It depends upon the situation. When we went to Yugoslavia we did. Yeah. We took the whole team the same way. This means we had a cardiologist, Dr. Dennis went with us, both to Santiago and to Yugoslavia. We had an anesthesiologist. We had pump technicians. We had two of our scrub nurses. Ellen and Gracie went with us. So that we had-- And we took our pump and our instruments. And I took our grafts and valves and everything. Just moved in just like we were here. Took everything with us. And then we'd give lectures and demonstrations in the afternoon. Operated everyday for a week.

SCHANKE: How many operations do you do a day on that kind of a...?

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DR. DeBAKEY: Usually two or three a day. A schedule like that, because they can't take care of more. You know. We almost have to run the intensive care unit too. So, you can't do more than two or three a day.

SCHANKE: Those are hard working trips then?

DR. DeBAKEY: Oh, yes. It wears you out, because you're doing everything. See you don't count on a lot of them doing anything. But we do demonstrate very well to them what needs to be done to do it successfully.

SCHANKE: You've done this in Belgium, Chile and Yugoslavia?

DR. DeBAKEY: Yes. We've done it. Well, I've done more than that. I've done it with teams like Belgium, Italy, Yugoslavia, Chile. But I've also, myself, gone without the whole team and done it in many places. But usually these are a lot simpler types of cases. I did two operations down in Rio just the other day when I was down there. Two graft operations.

SCHANKE: Somebody told me they heard you were in South America and I said, "Gee, I can't believe that. I just talked to him."

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DR. DeBAKEY: Yeah, that's right, I was down there. I just got back. That's, you know, that's really hard work because you don't have the help and a lot of things that are not proper. The lighting isn't good. The way the instruments are set up. You have to compromise on what you do. You can do it, but it's just a lot harder to do it.

SCHANCHE: And you're dealing with a strange scrub nurse.

DR. DeBAKEY: Yeah, and they don't know what you want. It slows you down a great deal.

SCHANCHE: In your initial meetings with Princess Liliane in Belgium do you recall any personal anecdotes that illustrate points you want to make about it? About health care and your official concern for things? And the Princess' backing and this sort of thing?

DR. DeBAKEY: Yeah, well, of course in those earlier days, I was dealing with people who were really not greatly interested. These were the older men. And they were sort of the chiefs of the various services.

SCHANCHE: There must have been a huge non-inventive peer factor working against you.

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DR. DeBAKEY: Well, there was. I mean they weren't very keen about changing their status quo. They weren't capable of doing the work. And they would show reluctance in a number of different ways. For example, they were very hesitant about grafts and what the success..what the future would hold for grafts. They were very reluctant to move into this area. First, because they didn't have any training themselves. And secondly, they weren't prepared. And this was a kind of a threat to their present position that they didn't know much about this. As a consequence both the Princess and I sensed this. And we realized that you weren't going to be able to move them very fast. That the only way you are going to do this...

SCHANKE: Did something specific happen that you both looked at each other and nodded and said, "Eureka, we've got a problem"?

DR. DeBAKEY: Oh, well there were a lots of little incidences that demonstrated this. They.. There was one professor, for example, who was head of one of the services in Brussels. An

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DR. DeBAKEY: old professor of surgery. And he refused to do any of this work himself and would sort of justify it on the basis that first there wasn't much of this that existed in Belgium. They didn't see any aneurysms to amount to anything. This was rare. And patients with occlusive disease really could be treated by sympathectomy and that was quite adequate and they had done that for years and they knew that was good. They didn't know what these grafts would do and whether they'd hold up and all that sort of thing. And I remember one time the Princess got a little upset and told one of them off.

SCHANKE: This was an old surgery professor?

DR. DeBAKEY: Yes. She said, "Now look, you don't know anything about it and yet you're criticizing it. You've had no experience in this field so how do you know when you say this shouldn't be done or it can't be done" and so on. When she was telling me about it later on, she had met him and had talked to him during some social function. She was really kind of pretty mad. And I told her, I said, "Look, I've

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DR. DeBAKEY: been up against this everywhere I've gone. This is not unusual." And I said, "You mustn't worry about that." I said, "The only way to get at this is to train some young people. And you're just going to have to get some young people trained in this field." And I said, "They're anxious." I said, "I know these young people want to get training and if you'll arrange for them to come, I'll train them. I'll get them a place for training." And she agreed with that and that's what she did. So now..

SCHANKE: That's when the fellowship program began.

DR. DeBAKEY: Yeah.

SCHANKE: Under her sponsorship.

DR. DeBAKEY: That's right.

SCHANKE: What did they take? One year fellowships?

DR. DeBAKEY: Yeah. One year fellowships.

SCHANKE: On your service?

DR. DeBAKEY: That's right. And every single one of the four centers now have one of our people trained in it.

SCHANKE: Were there only four?

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DR. DeBAKEY: Yeah, there were only four medical centers.

SCHANKE: No, I mean were there only four men who came for training?

DR. DeBAKEY: No, no, no. We trained, I guess, ten or twelve altogether now. Yeah. But they're headed up by one of our people.

SCHANKE: Did you help them with designs and their lay-outs and equipment and so forth?

DR. DeBAKEY: Yeah. Yeah. Oh, yeah. They use all of our instruments. They really have pretty much what we have. Yeah. Oh, it's completely changed now. And see, for some time too, she used to send me most of the difficult cases. By that I mean cases that were difficult for them then. Well, now they do most of them. I very rarely get any of their patients anymore. Occasionally a complicated case she'll send me. The Foundation pays for it.

SCHANKE: Is Belgium doing the best cardiovascular work in Europe?

DR. DeBAKEY: It's among the best. Yeah.

SCHANKE: How would you rank the European countries or would you want to?

DR. DeBAKEY: Well, it's difficult to rank them because you see in different

DR. DeBAKEY: places it's.. For example, in Paris there's one very good center. In Sweden there is at least one and possibly two good centers. In England there are several good centers. About equally good now. In Italy the same way. One or two really first class centers.

SCHANKE: I knew that was true in Italy. I've often heard it said that if you get sick in Italy try any place.

DR. DeBAKEY: Well, that's true, generally speaking. I would say the best one is in Milan. Again, where we've got our people.

SCHANKE: You trained them?

DR. DeBAKEY: Yeah. Yeah. That's right. But, they've done extremely well in Belgium. Four good places. Well, at least three good places. The fourth one is not as good as it ought to be because the fellow there has not given the leadership that he should give.

SCHANKE: On that subject and in Italy, you mentioned once that the Pope asked you to come in and get something started at Vatican City.

DR. DeBAKEY: Well, there's a university ... The University of Rome which really is in Milan--the university. It is directly under the Pope. It's a Catholic school. Now the medical school is actually in Rome, but it's part of this university. And it's directly under the Pope. And they have a hospital. Very nice, fairly modern hospital. And the director, the rector of the university wanted to set up a cardiovascular service in this hospital--in the university. And so he asked me to come and take a look at the situation and see what needed to be done and what could be done. And I told him what I thought and he said, "Well, the Pope would like to talk with you about it."

SCHAN CHE: The present Pope?

DR. DeBAKEY: Yes. So I said, "Sure." So I went over to see the Pope and had about three-quarters of an hour session about it. And I told him what would have to be done. Now they sent me letters about it a couple of times and finally they dropped it and decided that they'd have to table the whole idea for a while. The basic reason, as I understand, is that they are a little concerned about putting that much money into it. Not being sure whether they can get their money out of there. And not being sure whether they

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DR. DeBAKEY: can get money to operate it. Part of the problem too lies in the fact that they get money from the state to operate this medical school and they're concerned about putting their own...

SCHANKE: It's not an entirely church financed school?

DR. DeBAKEY: Oh, no. No. Not at all. They get a certain amount of money per student. And they were sort of worrying about the political implications of it. So, as far as I know, it is still tabled. But they did have a good opportunity in my opinion. I'm not sure that it wasn't to some extent scuttled by the doctors too.

SCHANKE: Yeah, the same factor that persists in old...

DR. DeBAKEY: That's right. They don't want to change their status quo. So, as far as I know, it is still in the same situation. But there really is a need for establishment of a good center some place in Italy.

SCHANKE: I thought in a case like that the Pope was all-powerful? He sort of waved his magic wand and he'd have it? What did he say when you talked to him?

DR. DeBAKEY: Oh, well, he didn't commit himself. He just listened and

DR. DeBAKEY: asked questions. And..

SCHANCHE: I see. This was not his idea. It was the university rector's.

DR. DeBAKEY: The rector was the one who was pushing for it. He was the one who was pushing for it. I don't think the Pope had any initiative in it at all. He was very nice and obviously interested and asked questions about it, especially about the cost and so on. What could be done.

SCHANCHE: Did you have your conversation in French or in Italian or..?

DR. DeBAKEY: No, actually, he.. We spoke, well to some extent in French, but mostly in English. He spoke a little English. Then he'd revert to French and I understood him. So we got along very well.

SCHANCHE: Was this a relaxed conversation? Or was the Pope sitting on his throne?

DR. DeBAKEY: Yeah, very. No, no. In his working office. Quite relaxed, as a matter of fact. He was very charming and in fact, I began to get a little uncomfortable after a while because I was worried about the amount of time.

SCHANCHE: You spent three hours there, didn't you?

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DR. DeBAKEY: No, about I would say between three-quarters of an hour or an hour. Maybe a little bit more, but I remember, I began to look at my watch and I finally said to him, "Now, I be glad to..I'm enjoying having this opportunity to be with you, but I know how busy you are. And I know you have other appointments. And I'd be glad to say as long as you want me to, but unless you have reason to want more information from me about this, I don't want to take up more of your time." And he was very charming. He gave me a couple of gifts and books and a few things like that.

SCHANKE: Books?

DR. DeBAKEY: Yeah.

SCHANKE: He did not give you his metals.

DR. DeBAKEY: No. No.

SCHANKE: Did he say or do anything amusing or interesting in the sense that it would be useful to us? Illustrating something?

DR. DeBAKEY: No. The impression I had of him was he was a very kind compassionate man who obviously was sort of interested in perhaps knowing more about this, but having been sort of put into this position by the rector who

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DR. DeBAKEY: was a good friend of his. The rector was originally his secretary before he became the Pope--had been close to him. That's why he could easily get to him. And I don't think the Pope himself had any great interest in this project. And he was being very polite and very charming about it, but the impression I got was that he had sort of been put into the position of having to listen to me.

SCHANCHE: You weren't there as an advocate, anyway.

DR. DeBAKEY: No. No.

SCHANCHE: You were an expert to inform the Pope what was involved in..

DR. DeBAKEY: No. Yeah, that's right. No. No. I was not there as an advocate all. So that.. I was also quite relaxed about it. He... I'm sure that his attitude towards this was well this is another project that they obviously want to do but we've got enough problems and troubles now to run this university to take on something else. Another problem. And I would gather that what happened was he turned it over to somebody else to look into and they said no we don't have time to fool with this.

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SCHANCHE: How large is that university? How many students?

DR. DeBAKEY: Oh, it's quite a large..

SCHANCHE: The medical school, I mean.

DR. DeBAKEY: Oh, the medical school. I think they only have about a hundred and fifty students, something like that, in a class. Not a big school. No.

SCHANCHE: Do you recall from any of these trips incidents that stand out in your mind that are important to you in any way, particularly in shaping your philosophy?

DR. DeBAKEY: Well, now when you say that, I'm.. It leaves me with a little bit too broad a...

You want some coffee?

SCHANCHE: Yeah.

DR. DeBAKEY: Foreign exchange program... I went there at the request of the State Department. And I went to their various universities. I started off in Beirut and went to the American University and there's another university--a French university. And then there happened to be a young doctor who was in the, I'm trying to think what his role was there. I think he was a.. He'd been there for nearly a year. I think he was there.. He was a

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DR. DeBAKEY: part of the government's program of exchange.

SCHANKE: He was an American doctor?

DR. DeBAKEY: Yeah. Young man. I can't think of his name now, but I have it in my files. And he took me around. He'd been there some time and got to know the people.

SCHANKE: Was he at the American University in Beirut?

DR. DeBAKEY: Well, he knew them too, yeah, very well. And we traveled by car in his car as a matter of fact throughout the whole Middle East. And we went to.. all through Lebanon. Then we went to Damascus in Syria. To Bagdad in Iraq and to, trying to think of the name of the city in the northern part of Lebanon. This was a very old place.

SCHANKE: Ba'albek?

DR. DeBAKEY: Well, we went to Ba'albek, but this is.. The city itself has a .. It's on the Lebanese coast northern part of Lebanon. No, I guess it's Syria. It's on the Mediterranean coast--northern part near Turkey. Anyway, I spent about ten days or two weeks touring and.. And you get away from Beirut, for example, or, yeah--Beirut primarily, and the influence of the American University and the

DR. DeBAKEY: level of medical care is really pretty low. And the support of medicine is low, you see, because of the sort of background culture of the people in terms... in their support of medical services. Now, Lebanon and the people of Lebanon, of course, are quite advanced. But, you get outside of that and it's really pretty pitiful. In the first place, there's a great deal of poverty. The great majority of the people are at a pretty low economic level and even low educational level. And what is even worse you find that the political overtones begin to interfere with it. Now you take for example, when we got to Damascus, at the university in Damascus, I was absolutely amazed and really appalled. Up until the new sort of political leadership there and the development of this strong nationalistic attitude, they had been teaching all of their courses in medical school in English. Well, the reason for that was of course that they had to use English textbooks. In Beirut they had a French school, because the time that the French occupied that area after World War II. Sort of a French culture came in. And there

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DR. DeBAKEY: they taught in French. But at the American University they taught in English. And in Damascus they taught in English until this new political leadership took over and they forced the school to convert everything, translate everything into Arabic. Well, by the time you translate a medical book into Arabic it's obsolete. And they were really teaching obsolete medicine to their medical students solely because of this nationalistic attitude. And I talked to a number of the faculty people and they were bemoaning what they had to do.

SCHANKE: But orders are orders.

DR. DeBAKEY: Yeah. Orders are orders. That's what they had to do. And.. But that's..

SCHANKE: Is this true in Egypt also? Were they doing the same thing? Or was that strictly the Syrians?

DR. DeBAKEY: Yeah. I went to Egypt. I found out the same thing. Now the interesting thing is they're a little more liberal minded in Egypt about it because they still have some textbooks that they were using in English as reference books, because most of their students learn English.

DR. DeBAKEY: And so they're a little more, let's say, liberal about that.

SCHANKE: Why they're cutting themselves off from most of the literature for a long time. You can't possibly translate everything into Arabic.

DR. DeBAKEY: No. But you've got sort of mad people heading up... These radical people who just don't care. What do they care. You see, again there you've got your background culture. And there isn't that sense of compassion and concern for the lot of the people. They may give that in their political talks, but there really isn't. I mean their actions deny that. Never has been. And it isn't in their culture to be concerned for the lot of the people. And people, you know, are regarded as cattle.

SCHANKE: Rural medicine probably hasn't progressed much since St. Luke there, has it?

DR. DeBAKEY: Very little.

SCHANKE: Not in the villages.

DR. DeBAKEY: No, not in the rural areas. Very little. They.. Now just again to show you how stupid they are in that regard.

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DR. DeBAKEY: They had several little mission hospitals. And we visited a number of these little mission hospitals. One I remember was a Danish hospital supported by Danes and..

SCHANKE: This was a church mission?

DR. DeBAKEY: Yeah. And they were in a rural area. And the political pressure that was brought to bear to virtually shut them down was initiated by some of the doctors who didn't want this..these missionary people to give this medical services.

SCHANKE: Outshining them.

DR. DeBAKEY: Not only outshining them, but they complained that it was also taking money away from them. All these people went there because they didn't have to..they could afford to pay for their services. You see? Now that also shows a lack of concern and it also illustrates that in that respect anyway, people are pretty much the same wherever you find them. Selfish. They're not really concerned about the lot of the people.

SCHANKE: Well, that's a higher degree of selfishness than you would find here. Although there's a good deal of selfishness, I'm sure, in America. But it's not that flagrant.

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DR. DeBAKEY: Well, I agree with you. And the reason is that in our background culture in this country, there is a greater degree of compassion and concern for the people. In other words, the common man here is sort of so structured now in our society that he counts for something. And he has a weight in the structure of our society. Whereas, the common man in those kind of societies, while he's numerous, he's at a very low level in the society--the structure of the society. And there just isn't that same degree of compassion. And I think in general you'll find in any society in which there's a big gap between the upper levels of the ruling class and the people--there's a big gap. And a great majority of the people are at the low levels and they're not really many steps between them--just a big gap, that there isn't much concern for the people.

SCHANKE: Particularly for health.

DR. DeBAKEY: Yes, particularly for health, but it effects all other aspects of their concern.

SCHANCHE: What I think I was getting at or we're trying to get at in my earlier question is trying to find some specific incidents that illustrate something about what you believe very strongly. Obviously you take a lot of trips internationally. You do an awful lot of demonstrating. This is a reflection of your passion to spread the word and teach. You're a missionary.

DR. DeBAKEY: Yeah.

SCHANCHE: And I would just.. I would like some rather intimate recollections that illustrate this missionary zeal to spread the word.

DR. DeBAKEY: Yeah. Well you see, as I say, you know, in everywhere I've gone, for example, when I made this trip to the Middle East, I visited some of the hospitals. And I was appalled by the lack of just ordinary facilities for the care of the people. Even the beds were the cheapest type, often with mattresses that obviously had been worn down to... that they were being covered and covered and covered. Beds with no springs. Often just boards. And the wards were often not clean. And it was littered. The food

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DR. DeBAKEY: that was being dispensed to them was of the poorest possible quality. And you could see people suffering with wounds and festering incisions and infections all over the place. It just appalled you to see those conditions. And when you say something about what could be done about this, they'd often shrug their shoulders. They'd come to live with it. There wasn't much that you felt could be done. When I was in India working as a visiting professor in King Edward Hospital in Bombay, I saw the same thing. Just large numbers of people with heart disease--nothing being done about it. They weren't operating on any of them. They had large numbers of patients who--in their thir..in their teens and early twenties--who were suffering from heart failure of the worst kind--in the last stages of it. All correctable. It was a valvular disease. And nothing being done.

SCHANKE: Do they even do cardiovascular surgery in India?

DR. DeBAKEY: They weren't then at all. They hadn't done any open hearts. I tried to get them started and trained some of their people and now they're doing some, but very little.

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SCHANCHE: How long did you stay in Bombay?

DR. DeBAKEY: Two weeks. Yeah. When I was there, Prince Philip and Queen Elizabeth made an official visit to India.

SCHANCHE: In what year was that?

DR. DeBAKEY: It must have been about 1960, 1958 or something like that. '56, '58.

And, you know, you're just appalled by this inadequate attention to the lot of the people. And obviously it goes into other areas I'm sure. You go down the streets and see people living on the streets who had no homes. Millions of them. And they get so used to it that I suppose they learn to disregard it, I don't know. But..

SCHANCHE: Quite callous and...

DR. DeBAKEY: Yeah. But it really makes you feel very badly that something isn't being done for these people. They're human beings.

SCHANCHE: Do you think that's true generally throughout what's called the Third World and where there are large masses of population and they are separated between the political elite and the peasants at the bottom?

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DR. DeBAKEY: Yes, well, I don't know how much of that's changing. Because in many of these areas now there are some leadership developing that hopefully will represent the people and be concerned with them. But I don't see any radical changes in the places I've been in in say in recent years.

SCHANKE: Now, this has come to you in a medical way.

DR. DeBAKEY: You ought to see the letters I get of these poor people from India and other underdeveloped countries. Let me see if I can..

They write me. They've read about me. Or they know or have read about some patient I've taken care of and they write the most pitiful letters about themselves and their need for an operation and they can't get the operation locally. And would I please restore them to life again. And your hands are tied because they've got to have free hospitalization. Very often they've got to beg and borrow and..

SCHANKE: You can do the surgery, but you can't pay the hospital bill.

DR. DeBAKEY: No. And the hospital demands a six thousand dollar deposit. Well, six thousand dollars is a fortune to those people. They can't raise that kind of money. And you write and say something like this to them, and it's depressing to get a letter from them. You know, and tell them you're doomed. You've doomed them to death for that. "I can't do that." What do you do?

SCHANKE: How does that make you feel, Mike?

DR. DeBAKEY: Well, it makes you feel terrible. It just puts you in a position of really being completely blocked from being able to do anything. It's the most depressing kind of frustrating situation to be in. You want to help these people and then you're blocked from doing it. You're blocked from doing it. It just doesn't seem right. There ought to be some way to be able to help these poor people. Anyone who suffers. Just like my mother used to say and my father would say something to her about she shouldn't be wasting her time trying to help some poor person who.. He'd say, "You can't help all these people." She'd say, "Well, I know that. I'm not concerned with all the people, because I don't know about all of them. It's the ones

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DR. DeBAKEY: I know about I have to be concerned about." So when these things come to your attention, you know about them. Then, what do you do?

SCHANKE: This is one of the main reasons for your missionary zeal in going places--to try to upgrade....

DR. DeBAKEY: That's right. To try to improve the lot of the people and try to get the local people to try to do something about it. And it.. At least you feel that maybe you can get something done that way. So, I guess maybe I accept more of these invitations than I should. That's why I'm always pressed for time, but I feel that this is one way that I can get at this problem, you see. Train some of their people and maybe stimulate them locally to do something more about it.

Even, you see, in a place like Bogota. When I went down to Bogota. It's really quite a large city. It's between two and a half and three million people. And it's composed largely of people of European origins. There's just a small number of Indians in that area. And these are all, generally speaking, very intelligent, able people.

DR. DeBAKEY: But the degree of poverty around them is amazing. And the quality of medical service in that area is still really quite low compared to ours in terms of what you need done. Now you take, for example, in doing cardiovascular work, particularly cardiovascular surgery, they're back where we were maybe ten years ago. That far back. And it makes you wonder why.

SCHANKE: Do you blame the medical profession in these various countries for its..

DR. DeBAKEY: Not entirely, really. I think to some extent, the medical profession is not making as strenuous an effort. But in many of these countries the medical profession is kind of..not in a very strong position. They're striving themselves to sort of keep their head above water in the society. Also to lead a good life. As a consequence, they're working hard and trying to make more money and the level of their income is relatively low. They have a lot of these social security kinds of patients, you know. They're paid a very small salary or very small fee for what they do. They're working hard to try to improve

DR. DeBAKEY: their own lives so that they don't get the money from the society--from the government to really do a great deal. And that's why I say that I think it's a reflection on the society and the culture of the people as to what the state of their health really is and what is being done about it. And it's really interesting, for example, when I was in Yugoslavia with this team, I created a great deal of local publicity. Everyday we were on television and the news media had something about us on the front page--pictures of the patients we operated on. Interviews with these patients and that sort of thing. And we were fortunately very successful that the patients did well. So it created quite a lot of publicity in the news media. Well, the politicians sort of got into the act then. And they'd come to the university hospital to be on television with us. And so I had a chance to meet them and talk to them. And the rector of the university, the director of the hospital and so on. They wanted to get into the act too. And so they had sort of luncheon meetings for me with the politicians. This gave me an opportunity to talk to the politicians. And I made a strong appeal to them

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DR. DeBAKEY: about what could be done--what they should be doing. And what a great thing it would be to do this for the people. This is a great thing. They had a great opportunity. Stimulating and inspiring. Well, this had a tremendous impact. And I went right to the top of the government structure. The Minister of Health of Belgrade asked to see me--have a meeting with me. And I told him about some other things they could do in this area. It had a tremendous impact and the people--the doctors were very, very appreciative. They made me an honorary member of their society and had gotten the medal from Tito which really came through the doctors. They were the ones that... Largely because as a consequence of this my discussions with these politicians and saw them--the impact it made locally--really responded. Now they've built a brand new hospital at the University of Ljubljana now for them. And many of the doctors told me this was because of what I did.

SCHANKE: With your kind of cardiovascular facilities?

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DR. DeBAKEY: Yes, oh yes.

SCHANKE: And you trained some of their people.

DR. DeBAKEY: Oh, yes.

SCHANKE: And weren't you also responsible for getting some of the doctors a raise?

DR. DeBAKEY: Well, that's what I said to them. Oh, yes. They, they.. I was responsible really in a way for raising the whole level of the doctors in the field to do their work. And so they got more money. They got more in to medicine and health. I went on television and I'd say this on television to the people. What they were doing--or the wonderful thing.. And it had tremendous impact. Well, the doctors there were very appreciative. Very appreciative. And they would show their appreciation by making me an honorary member of their society and their association. And giving me an honorary degree from the university. And giving me the highest medal that Tito gives to a foreigner. So you see, it had a great deal of influence there.

SCHANKE: You didn't meet Tito on that trip did you?

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DR. DeBAKEY: Not when I was there. He was away when I was there. He wanted to meet me. And I met him later, yeah. And he was very nice. He'd heard a lot about me and his doctor was one of my friends. We had a very nice meeting. And I'm still supposed to go over there to receive another medal.

SCHANKE: Oh really?

DR. DeBAKEY: Yeah, they want me to come over and I've got to come over. I keep promising them I'll come. First chance I get.

SCHANKE: What will this medal be? Another mark on the same order?

DR. DeBAKEY: I don't know. I don't know.

SCHANKE: Are they as a result of this now doing significant work there?

DR. DeBAKEY: Yes. Oh, very much so.

SCHANKE: Are they doing any research that..?

DR. DeBAKEY: Yes, they're doing research and they're doing good work now in the open heart field, really. Good work. Yeah.

SCHANKE: You mean good in a technical sense, rather than in a pioneering research sense?

DR. DeBAKEY: Oh, yes. Yes. Just the technical sense. Entirely. But it's been.. There's an example you see of where it was possible to really move the whole field very significantly in a very short time.

SCHANKE: How far do you think, I mean in real terms, how much of an advance was made?

DR. DeBAKEY: Well, I would say that they just shut off about five years of delay. They just fixed it right up. Very quickly. And this was largely because the government people really got behind it. And they saw an opportunity to cash in on the publicity so to speak and they did.

SCHANKE: Is there a lesson here in how we're going about our government medicine?

DR. DeBAKEY: Well, I don't know, Don. I think that there is to this extent. I think that if we can just educate our people more to the need, they'll respond because they always respond.

SCHANKE: That would be our government people--Congress.

DR. DeBAKEY: Yeah. They always respond. That's right. They always respond when they know about the need. Now you take,

DR. DeBAKEY: for example, a good illustration is this heart bill which just passed and is going to the President for signature. Paul Rodgers in the House and Senator Kennedy in the Senate were the leaders in this thing, but the reason they gave the leadership is because they became knowledgeable about the need for it. I grant you that the Cancer Bill preceded it, but we've been working on this heart situation for some time, even before this cancer thing got started. And there have been a number of steps that have been taken to advance the heart cause. The President's Commission, the Heart Disease, Cancer, Stroke for one. Prior to that, Senator Hill's who set up the consultant's committee -- had put in a report too which was largely responsible for seeing it get written. Now this Heart Bill came out largely because of bringing to the attention of both Rodgers and Kennedy the need for it.

SCHANKE: Now this process in this particular case has taken well over ten years. Isn't that terribly frustrating to you? To take so long?

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DR. DeBAKEY: Well, it's frustrating, no question about that. But what you've got to do is never sort of give up. Mary and I were talking about this.. Mary Lasker and I were talking about this not long ago and...

END SIDE I (A) OF TAPE #8 (60 mins.)

Side II (B)

DR. DeBAKEY: ...and we were reminiscing about the frustrations that you have in trying to get things moving. But as we said, you just never can give up. You take for example, with the Nixon administration it was frustrating to get money through the administration putting the money in, because of their rather conservative attitude towards funding--their federal funding. But if you look at the record, you see we have moved the funding. It has increased. And it's steadily increasing. And the reason is that you just keep working at it. You keep pressuring. You keep talking to the Congressmen--keep them aware of it--of the need and they do respond. That's the only way they will respond.

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SCHANCHE: Mike, how can this lead-time between your recognition and the profession's recognition of the problem and political recognition of the problem be shortened?

DR. DeBAKEY: Well, I think that the only way that you can do this is to get better medical leadership in the country. Now when you look at the situation and analyze it you realize that there is no good, effective health leadership in this country. And there hasn't been. And the reason is that it's fragmented between what you might say the private sector, which tends to provide a leadership, not for the people, but for the doctors.

SCHANCHE: The profit oriented ...?

DR. DeBAKEY: Well, it's profit oriented, but I don't think it's a deliberate profit orientation on the part of that leadership. I think it happens to be profit oriented because of the medical culture of this country. There is no leadership in the government sector because of the way the government is structured for this purpose. You can see the contrast between our structure and, let's say, the Russian. The Russians have definite and very effective health leadership.

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DR. DeBAKEY: Because there's only one, you see, and that's the government leadership. There is no private sector leadership. There is no other leadership. Now that fits their arrangement very well. I'm not saying that this is what we should have, but I'm merely contrasting the two to point out how it can be achieved in their set-up. But not in ours. We couldn't do that in ours. On the other hand, I think that the solution to ours lies in the establishment within our government--our federal government--of a department, a cabinet department of health. And when you look at it logically as far as the people are concerned and so far as the country's concerned, there's no reason why it shouldn't be done. You have a Department of Labor. You have a Department of Commerce. There's a Department of State. And you have a lump Education and Welfare in the same department with Health. Now, if you look at health in this country, you see that the health industry in this country now exceeds seventy billion dollars. And the only other categorical industry in this country, let's say from the people's

DR. DeBAKEY: standpoint that exceeds that is the Department of
Defense which covers a whole area of...

SCHANKE: When you say health industry, you mean government
spending on the thing?

DR. DeBAKEY: No. I'm talking about the total health industry. Total.
What the government spends and what the people spend.
What the insurance company spends. It exceeds seventy
billion dollars. The government, of course, now spends
probably in the neighborhood of maybe twenty, twenty-two
billion dollars. Possibly a little bit more. And I think
will spend more as time goes on.

Now, there is, it seems to me, in that alone adequate
reason whether the government itself spends the money--
the people spend the money for this area--the government
has a pretty good responsibility in this area and therefore
could establish logically on that basis a Department of
Health. So that you have a Cabinet medal for health.
Now this would then provide a source of leadership for
health. And while it isn't necessary for the government to
let's say, run all of health in this country, in fact it

DR. DeBAKEY: really couldn't and I don't think should in our culture, in our society, it could see to it that it is being done properly. And it could speak for health. It could then be the spokesman to make sure the people are getting good health.

SCHANKE: You feel that a Cabinet level health department would simply become a more forceful spokesman and a stronger administrative device?

DR. DeBAKEY: Yes, that's right. And then it could stimulate even the private sector because the private..

SCHANKE: How could it do this, Mike? Talking directly now-- stimulating the medical profession?

DR. DeBAKEY: Well, it could do it really by the leverage it would provide both financially and the threat unless the private sector sort of does certain things on its own, the government may have to step in and see that it is done. Now, it could also work with the private sector to help it do certain things that need to be done. You take for example, the establishment of let's say regional centers for various things like hypertension, diabetes. These could be set up

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DR. DeBAKEY: privately, but the Department of Health could see to it that that is done and could even help sponsor them and finance--getting them going. Now that's the way it would operate them..make sure that they're done. And could in a sense make certain that the people are going to get adequate medical care. It doesn't have to operate everything. In fact, I think it would be a mistake to have the government operate it. You know, whenever the government gets into the operational activity--If it operated our industry, for example, if it operated.. If we had a nationalization of all these things, then as far as I'm concerned we would eliminate a factor that I think is extremely important and that is the factor that in a sense fights mediocrity. The government couldn't operate any large complex without letting it become mediocre.

SCHANKE: The government rarely stimulates excellence.

DR. DeBAKEY: No. Exactly. It can't.. It not only.. Well, the only time it does is when it contracts for some other agency to do it. Because there's no way that the government will operate anything that doesn't lead to mediocrity and the reason

DR. DeBAKEY: really is that you really almost can't operate any large complex of activities without reducing it to mediocrity. Because you have the total number of people there in

SCHANKE: This is not a unique observation, of course, but does it relate to your own experiences in government? Your experience with the military, for example?

DR. DeBAKEY: Well, during the war my experience in the military sort of left me strongly with the feeling that the operational activities had to be done at a certain mediocre level. And that the only ways that we were able to institute quality was by controlling certain of the centers which we established for that purpose. And that's the only way we really got any quality. And they were.. We personally in a sense select the people to put in charge. But they wouldn't stay there. After the war ended, they left. We couldn't keep them there. No way. So you can't operate and you couldn't operate any large military organization by providing excellence. There's no way to do that. In the first place, you don't have that many people who could provide excellence.

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SCHANCHE: To the same question, speaking of the lack of leadership in the private sector--how can the medical profession restructure itself to provide the leadership?

DR. DeBAKEY: Don, I've thought about that a great deal and I'm not sure that it can do it. Not really sure that it can do it. The medical profession has a vested interest. This means that it has to concern itself with its own sort of vested interest. And it's difficult for me to see how it can separate that vested interest from the, let's say, interest of the people.

SCHANCHE: Well, that's the heart of the profession--is an interest in the people. The caring.

DR. DeBAKEY: Well, at the heart of the prof... but at the heart of the profession, you've got people. They are people too. And they respond and act like people. They don't act like a noble profession.

SCHANCHE: Well, granted that it's likely that the A.M.A. always will be a self-protective association. How should it be established in the mind Michael DeBakey would?

DR. DeBAKEY: I really don't know. I..

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SCHANCHE: If you were given the power to restructure the A.M.A., what would you do?

DR. DeBAKEY: Well, I think what I..among the things that I would try to do would be to make it more representative of the total profession. I'm not at all sure that -- you see, they say that the present mechanism is one that gives the medical profession a high degree of democracy . Well, if that's true, then I'm not sure that you can rely on democracy. A small aggressive active militant group of people can take over any democracy. And in fact, the Greeks proved that years ago. You know, when they first started with democracy and that's why it really failed for them. If you read the history, you'll see that that's really why a democracy didn't survive then. And I think that I'm not at all sure that we can rely on democracy for that purpose. That's why I say I'm not at all sure that it's possible, in a sense, to get private leadership in the private sector.

SCHANCHE: The A.M.A. isn't all that democratic, is it? Except in form. I mean in actual fact that the house of delegates

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SCHANKE: doesn't really represent--doesn't represent the medical profession as well as say Congress represents the people?

DR. DeBAKEY: I'm not sure, Don. Let me explain to you. The house of delegates is composed of individuals who are selected at the local level. Now our County Medical Society will really elect delegates. Well, they're elected. We vote for them. Well, what happens is that you've got about fifteen, sixteen, seventeen hundred doctors in this Harris County Medical Society. Well, when it comes time to select who's going to be there as our delegates, most of the great majority never show up for the meeting to vote. But what happens is there's--in fact, they've even had to change the by-laws in order to be able to get a forum--reduce the number to make it official. And then very often they'll call up people and say, "Look, you've got to come to this meeting. We've got to have a forum."

SCHANKE: A forum.

DR. DeBAKEY: A forum to elect our officials. They really don't care.

SCHANKE: So the act of the group tends to be conservative also?

DR. DeBAKEY: Yeah, you see, and this is true, you might say, in any society. The militant activists are the people on the extremes of the society. They're the radicals. And they are usually both extremes. Now in the medical profession, you rarely have the radical liberal. The most common group or most frequent group are the radical conservatives. Because the medical profession tends to be, that is, the liberals are people who are so concerned with what they're doing--you know, they represent the people who are involved in scientific work or in teaching--they're not out in practice. You don't see very many real liberals out in practice. And it's--

The great majority of doctors are the practicing doctors. And the active militants come out of those groups. So they become--they're conservatives. They're most reactionary.

SCHANKE: Do you think that's changing now?

DR. DeBAKEY: Not very much.

SCHANKE: There are quite a few men--radical militants coming out of medical school centers--reflection of the times.

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DR. DeBAKEY: Yeah, but I don't have any high hopes that they're going to change it.

SCHANKE: You don't?

DR. DeBAKEY: I really don't. There won't be many of those who will take over the society. In the first place, they can't get enough to support them. They won't be voted in as delegates. So where are they going to make any impact?

SCHANKE: Well, how would you change this system ideally?

DR. DeBAKEY: Well, as I've said before I'm not at all sure you can change the system very much. If you try to change it without...by bypassing the democracy part of it, then of course you have to make a rather radical change. And how do you do that in our society? And as long as you have this democratic set up, which it really is. You say they don't represent all the doctors, well if they don't then why don't they go out and vote. This is the truth of the matter. And so the A.M.A. officials when they say it's pretty democratic, they're right. You can't fault them for that.

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SCHANCHE: Well, then the only cure for this is the more... the government to put pressure on the profession to do certain things that it ought to do.

DR. DeBAKEY: Exactly. That's why I feel that you've got to have more leadership from within the government, but not to take over the practice of medicine, because I don't think it needs to do that. And I think that there is some harm that could come from doing that--to both the quality and... In other words, I would hate to see socialized medicine in this country that would resemble, for example, the kind of socialized medicine that exists in some places. For example, Russia. Not that the Russians aren't getting good medical care, but I think it has to fit into the society you're dealing with. And I would think it would be just as bad for our society for the government to run the medical services as it is for the government, for example, to run all the banks.

SCHANCHE: Well, how about the examples of England, Sweden, Norway, Denmark?

DR. DeBAKEY: Same thing. I'm not faulting them for the kind of services they give, because I think they're giving good service.

DR. DeBAKEY: But the same thing is true in Sweden, for example. If you tried to run our service the same way the Swedes are running their medical service, you would I think create a harmful approach to health in this country, rather than a good approach.

SCHANKE: Do you think the sheer weight of numbers is a major factor there? The Swedes have..well, only have a few million people to take care of.

DR. DeBAKEY: It's not only the sheer weight of numbers, it's also the difference in their society. They have a much more homogeneous society. The level of education among their people is.... The levels between the upper and the lower is not great. Their total society, I might say the great majority of people in their society, have a better level of education.

SCHANKE: But that's not true in England.

DR. DeBAKEY: Not quite as much, but still pretty good. I think better than here. Secondly, the economic levels--I mean the gap between the upper and lower economic levels is not very great. I mean the president of a small company

DR. DeBAKEY: or corporation doesn't make that much more than his secretary. Now, you don't have that situation here. It's not... You just can't apply those kinds of services that function for one society to another. You've got to make it fit the society. And actually there really isn't that much wrong with our medical services. In fact, it's led the way in the last two decades. So there must be something good about it. What is the deficiency in our medical services is the quantity and quality of medical services being provided for the lower levels of income for our people. And that's what's needed. And that's why, as I have thought about it...

SCHANKE: You really have given a great deal of thought about it.

DR. DeBAKEY: At one time I thought maybe the National Academy of Science could provide this leadership because it's a peculiar organization in a way--kind of unique organization. And during the war it really did. But it's interesting that it.. In every war it has come to the forefront as a tremendous source of strength for medicine and other scientific areas. During World War II it really did a great deal.

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SCHANCHE: Well, during a war...

DR. DeBAKEY: It did provide leadership.

SCHANCHE: ...it could provide not only attention, but resources. And without a war, you can't do that.

DR. DeBAKEY: Yeah, but if we can do it during the war, why can't we do it during the peace? That's the question. And I think that.. Wasn't it James that once said that what we needed is the substitute in peace for the--I've forgotten the exact wording. The words were used because they were very nice words. I just don't remember them.-- But really what he was saying essentially was that we had a source of inspiration and dedication during war that is needed during peace.

SCHANCHE: Some purpose.

DR. DeBAKEY: You see? And that's true. Now, I'm convinced from my experience now since the war that the Academy of Science can't do it. It just can't do it. They made a few feeble efforts to do it. They established an Academy of Medicine, but it hasn't gone anywhere and it's not doing anything. So, I..

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SCHANKE:

Well, it has held power other than the power of persuasion--and ethical concern.

DR. DeBAKEY:

Well, it's more than that, Don. It has no money. It's money that gives power, as you know. You equate power with money. That's been true throughout history. And this is what you need. You've got to have the ability to mobilize--sort of money or resources--and that's to have the leverage to do things. This is one of the reasons the government--the central government can be so powerful in so many areas--because it has the power of money and the greatest source of money. Now that's why I think that the best possible way to solve our problems is to create a Department of Health with a Secretary who then has the resources to make sure, for example, that our public health, which is deplorable really, is effective. We can do then a lot of preventive medicine we can't do now. To use the power of leverage to make sure that the abuses in medicine are stopped and to assure quality medical health care to all the people.

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SCHANCHE: How in the specific terms.. there are two things I want to ask you... But first, how can a Department of Health eliminate the worst elements of a profit-motivated free-enterprise medical structure which tends to go where the money is? There are more doctors on Park Avenue than any place in America because there's a lot of money there.

DR. DeBAKEY: Well, you see, Don, I don't think.. I wouldn't eliminate that. But I wouldn't. I don't regard that as a serious.. real serious problem in medicine. I think that the reason that health goes where the money is is because there isn't any money the other health areas where no health goes.

SCHANCHE: The answer is then to put money in places which need the care.

DR. DeBAKEY: Yeah, that's one thing. The second thing is to stabilize, so to speak, the--let's say--the total profit motive. Not eliminate it. But stabilize it, so that there really isn't excess profits.

SCHANCHE: Well, how can you control...?

DR. DeBAKEY: Well, that's very simple to do really. The.. You just set certain fee schedules--arrange the fee schedules for the insurance. This is being done now, to some extent. Medicare sets fee schedules. They'll pay only a certain amount for a certain type of operation or for certain types of services. And if a person wants to go to certain doctors who insist upon more, that's up to them. But they don't have to. And it's just a question of time before through the educational process, most people won't go there. Especially if you have set up enough good centers for that kind of service.

SCHANKE: This requires a national health insurance?

DR. DeBAKEY: Yeah, of course it does. You see, if everybody had an equal right to medical service and therefore had the same ability to pay for that service, then you would eliminate the biggest factor that discriminates and causes the large gap between the people who can afford to pay and those who can't. And that's evident, you see.. This is well exemplified by Medicare. Here you've got now, because of the Medicare legislation, a preferential group of people

DR. DeBAKEY: who up until the Medicare legislation, for the most part were at a disadvantage in getting medical care. Now you see what this did. It shifted this large group of people over sixty-five from getting little or no medical care to having preference in getting their medical care. Now they are actually preferred by the medical profession and the hospitals to a person of modest means who has--doesn't have as good an insurance policy. Let's say, for example, you're working, making fifteen thousand dollars a year and you've got a very modest insurance policy that only pays fifteen dollars a day. Well, but you won't be able to compete with me if I've got medical care--Medicare. I'll get into the hospital quicker than you will and I'll get a doctor to take care of me quicker than you will. So that.. You see what Medicare is doing. Now I'm saying that we've got to eliminate that so there isn't any preferential group. And the only group that might be preferential..

SCHANKE: All patients are preferential?

DR. DeBAKEY: Yeah. But the only group that you might say would be preferential are those wealthy people who can afford to

DR. DeBAKEY: pay whatever they want to pay. Well, that constitutes a relatively small number--per cent of the total population. And it wouldn't have any impact--I don't want to eliminate that. If a person wants to pay more, let him pay more. I don't care. And I don't want to prevent the doctor from getting more either. If a fellow is stupid enough to pay that much more for his medical care, let him do it. But, I'm trying say is, if everybody had the same ability to pay--say everybody was a Medicare patient, you see, than you wouldn't have this preferential group.

SCHANKE: Knowing what's involved now in the health side of H. E. W. and what would sufficiently be involved with a National Medical Insurance program, how large would the Department of Health be?

DR. DeBAKEY: I don't regard.. I wouldn't regard it as having..being a huge department, because there's no reason why it has to do all the operational activities at all. It can contract for a lot of its activities with private concerns to do a lot of.. For example, there are certain types of activities it could contract to do. There are certain types of, let's

DR. DeBAKEY: say, analyses, even--studies to determine what kind of a program is best set up. It could do this in conjunction with the private sector. It could contract with the private sector to do many of these things and get a better job done. They'll pay for it. In other words, I'm still.. I still believe that the competitive system allows for excellence. It allows for the motivation. And as long as our system--our total society--uses this system, operates under this system, then there's no reason why medicine shouldn't operate under this system. That's what I'm saying.

SCHANCHE: You look on it more as not really comparable, but in a sense comparable to the Department of Commerce which doesn't have to own business. It simply acts as a business spokesman.

DR. DeBAKEY: And monitor. And standard setter and so on. You see? Exactly. That's what I'm saying. No, I don't want a government-run operation for several reason. One is that I don't think the government can get the best people to run it in our society. They just won't go into it. They'll go.. They prefer to try to get to be head of General Motors.

DR. DeBAKEY: Why should they get into this? Well, if you want to compete for the best minds and in our society this.. you have to recognize competing for the best minds-- you've got to pay for them. I think we should. And I'm not interested in getting people to go into careers that will pay them say twenty-five or thirty thousand dollars a year as their maximum to run medicine. You're not going to get the kind of people that can run it. That's what they'll do. You'll get mediocre people.

SCHANKE: You once said that, I don't know whether it was in a fit of peak, but I think Dr. ---or once a doctor bought a yacht or a ranch and ceased practicing medicine.

DR. DeBAKEY: Well, no, I wasn't saying it in a fit of peak, I was really using an extreme example that once a doctor got into an expensive kind of operation where he had to put a lot of money into it and time, he ceased to be a good doctor. That was merely to illustrate the point that I mean about being a good doctor is almost a total involvement. That means you've got to devote the large part of your life to being a doctor--a good doctor. And therefore, if you try to do these other things except possibly in a way

DR. DeBAKEY: that allows you to do it without devoting a great deal of time to it--some people can do that and still can be a good doctor. I know a few. But if you divert your energies and spend a great deal of your time and your effort..

SCHANKE: Business management.

DR. DeBAKEY: Yeah. To either business management or to say recreational activities that take a lot of time. A yacht takes time. A boat takes time. Or even a ranch, if you're going to operate it, takes time. Now I have no objection to a doctor having a ranch that is being operated by somebody and run well and he uses it mostly as an occasional area where he can..for occasional recreation. Going out there occasionally on a week-end or something like that. But I was really referring to those who become involved in business activities that take up their time and energy. Now there are a few that can do this, but the great majority can't.

SCHANKE: Do you think this is a growing tendency in the medical profession? It seems to me it is. Like magazines like Medical Examiner which has been around for a long time.

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SCHANCHE: It seems to account for a half a dozen medical economy magazines for business priced for doctors. More doctors seem to have gone into business syndicates, and what not--real estate, land speculation, and so forth.

DR. DeBAKEY: I don't know whether there are more. I would say that there's a lot of them, that are doing this and that are concerned with investments and making money. It's partly due to the fact that a doctor's income is such that he has little opportunity to use his profession and his income producing capability to acquire any wealth. The reason is that he has little opportunity to develop capital.

SCHANCHE: He stands a better opportunity than most of us, Mike.

DR. DeBAKEY: No. That's not quite true. He.. His income is all taxable. He can't deduct anything except those things that are directly related to what he does in his profession. This means he might be able to deduct his secretary's salary. He could deduct certain office rent and a few things like that.

SCHANCHE: Deduct all the costs of maintaining his practice.

DR. DeBAKEY: No, not all of it. Really. He can deduct only certain things.

DR. DeBAKEY: He has limited deductions. Well it costs you a small amount of, let's say, his income. He makes, let's say, forty or fifty thousand dollars a year. He might be able to deduct at the most--eight or ten thousand dollars.

SCHANKE: But a doctor making forty-five thousand dollars a year in a practice--small office practice--compared to a corporation executive earning a forty-five thousand dollar a year salary..

DR. DeBAKEY: Now wait a minute.

SCHANKE: ..It's doctors who are much better tax exempt.

DR. DeBAKEY: No. No. No. You're wrong there. The corporation executive will have any number of fringe benefits that allow him to develop capital. He'll get stock. He gets.. his salary or his income will be extended over a period of time. And he gets.. He can put a certain amount of money of his.. of what he makes or what salary he gets into a pension fund or into a retirement fund. In other words, there are all kinds of tax evasions--loop holes that are available to him that are not available to the doctor. And this is why they have developed this concept

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DR. DeBAKEY: and have passed this legislation that allow doctors to incorporate in order to be able to come under that kind of a tax loop hole. No, I'll tell you. It's very tough for a doctor to develop capital. And, you see, what happens essentially is that up until a doctor is about thirty, he really is unable to.. He's a person of reasonable qualifications. He has not made any money. He doesn't really start making money until virtually he's thirty or over. Alright, if he gets married then, has a child, pretty soon he's got all the expenses of maintaining himself at the proper level in his society and it takes every damn thing he makes. Well, see he has little or nothing left to invest.

SCHANKE: It's hard to keep up with the job.

DR. DeBAKEY: No, well I mean it's hard to keep up.. No this is true. This is why they look for ways and means of accumulating capital. They ought to be.. they should.. And they've discussed this. And I think that this might take some of that pressure off of making so much money--making more money is that there should be some way that they

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DR. DeBAKEY: can have the same kind of a tax loop hole, you might say, that allows them to put a certain amount of it aside for some kind of retirement benefit so that they can accumulate by the time they retire, an income..

SCHANKE: A more substantial than they can in the field?

DR. DeBAKEY: Exactly. Yes. No, part of the reasons that they look for and have become sort of business oriented is to find a way to divert and in a sense escape the income tax. You see all of their money is income.

SCHANKE: If this situation were reformed, do you think that would take a significant..the profit pressure off the medical profession.

DR. DeBAKEY: Yeah, I think it would. I really do. Especially the younger people, because they're more idealistic and.. Well, actually many of the older ones started off being idealistic. And as time goes on, they lose it. They lose it because of the..

SCHANKE: Get themselves up against the wall every year.

DR. DeBAKEY: Yeah. The pressures. The pressures. And there's

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DR. DeBAKEY: no question about the fact that a good many of them become so conservative for this reason.

SCHANKE: Have you thought of a specific plan that you think would work in this respect?

DR. DeBAKEY: Yes, there are a number of financial plans that can be used to make this work, if it's nothing more than an insurance program that both takes care of their--protects them and protects their family should something happen to them or they become disabled or they lose their lives before they're retired. And at the same time, give them a pension, you see, an equity. And that ought to all be tax deductible. And it.. I would say..

SCHANKE: Well, that should be good for all self-employed people, not just doctors.

DR. DeBAKEY: I agree. Of course.

SCHANKE: And it would be very helpful to the medical profession.

DR. DeBAKEY: Sure, I agree. It should be.. improve all self-employed people. In other words, social security doesn't provide for this. You've got social security for the employed people, even though I don't think that helps in many

DR. DeBAKEY: instances. But there ought to be a way to give the self-employed people. And I would say that this is a growing problem because there are more and more people who are going to be service oriented--providing services. And unless you develop services.. Unless you want to eliminate completely the opportunity for people to be self-employed in the services--and I think that would be a great mistake, myself. I would hate to see us go the route of... you know, we develop large complexes for services. Take for example, lots of services that are needed that I don't think are being adequately provided for to the people. And you get mediocrity when you start doing it by large corporations taking it over and employing all the people for services. Even, just housework. On an hourly basis. I think you would get much better services if you had more competition for services. I mean a few people fighting to provide better services for people.

But coming back to the Department of Health, it's the only solution I see to giving adequate leadership for the people to get health--get better health.

SCHANCHE: You have spoken and talked about encouraging group practice among doctors as a thing you'd like to see more of and occur.

DR. DeBAKEY: Yeah, well, you see, the group practice concept, of course, is not a new concept. It's an old concept. And it allows for bringing together the necessary resources that a single doctor can't have. Now this not only includes the physical resources, but primarily and most importantly, it includes the personnel resources. That gives you quality. That means the various specialties so that they can work together. And a patient can more conveniently and more effectively get the necessary services that he needs without having to pay a large premium for them. So that you can do it in a more economical way and a more convenient way for the patient. And a much more effective way.

SCHANCHE: This coupled with the National Health Insurance is sort of the soul of decent preventive medicine.

DR. DeBAKEY: Absolutely. Absolutely. Sure. But it would also allow better regionalization of resources. And to show you

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DR. DeBAKEY: again the power of money in affecting the quality. You take for example, there is, there are fairly large numbers of people trying to get into the act of open heart surgery today who really aren't qualified to do it. And yet, by buying a machine and their hiring a technician they can do one or two or three cases a week. Now, to them this is profitable because they can charge a thousand, fifteen hundred dollars for the operation whether it's successful or not--no matter what the quality is. Well, the great majority of people can't afford to pay this. This is paid through the insurance carrier. Now in some places now the insurance companies are beginning to exert the pressure. And say they're not going to pay for this kind of an operation if it's--unless it's done in certain institutions that they approve. You see? Now this is a way of eliminating these kinds of people doing this poor quality work. Anyone that's doing one, or two or three open hearts a week is not doing good quality work. You can be sure of that. And there is no need for it. You can set up centers that can do at least

DR. DeBAKEY: three or four a day easily. Hell, we do ten, twelve, fifteen a day here. That's the only way you're going to get quality. Now a Department of Health could exert that kind of pressure by the power of money. They could just simply say, "No, federal funds are going to be used to support any kind of program. Risk fine. We're going to set standards." Well, it wouldn't be long before that standard setting would cut across the whole country. And the people would be the ones to benefit from it. There's no leadership now to do this. There's no one to do this. An insurance company might do it, but it's going to.. That really is a lot of responsibility for an insurance company to take. Somebody could even take them to court on it. And then they'd have the legal problem of proving all of this, you see.

SCHANKE: Is the government capable of establishing and maintaining..

DR. DeBAKEY: Standard?

SCHANKE: ..high standards?

DR. DeBAKEY: Oh, sure. Of course it can. It can. And you see it can be done in a number of ways. It's just.. The demonstration

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DR. DeBAKEY: that the government can establish good standards is in the N.I.H. You see. They've got good standards at the National Institutes of Health. Secondly, they've got.. They have demonstrated that they can have good standards in providing.. in giving grants and monies, you see. They have peer reviews. They've got the best scientists in the country available to them to make reviews. So you can structure the government operation to effectively develop good standards. No question about that. It's been demonstrated. There isn't any reason why it can't be done. It can be done in the health care area just as well as...

SCHANKE: It's being done, in fact, in the health care area now...

DR. DeBAKEY: Yeah. Yes. Absolutely. It just shows that it can be done. And it can be done without it doing it. That's what I'm saying. The government doesn't have to operate it. It doesn't operate the scientific programs of this country, but by the way it's structured and the power of the money, it sees that it is done at a very high level. This is why this country is so far advanced scientifically in medicine.

DR. DeBAKEY: And it's leading the world. Because we have done that and England hasn't done it. Sweden hasn't done it. And even Russia hasn't done it. Why has the United States done it? In spite of the fact that it has this large gap in its quality of medical services of the people. Because it has done one thing very well. Which demonstrates that it can..It has the capability of doing it. And this is the point I made. This is why I say that in the health care area you can do the same thing. No reason in the world why you can't do it. And you can do it without really effecting, you might say, the quality of the physicians or the quality of their life. The medical scientists in this country never had it so good. They are doing better from the standpoint of the quality of their life than they've ever done. They're making better salaries. They're making better income. They're leading a better life.

SCHANKE: They're doing far better than their colleagues in other countries .

DR. DeBAKEY: And far better than their ancestors. And that's why in my opinion in the total health area we can do the job

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DR. DeBAKEY: without all of these threats that you hear from time to time about how it would effect the quality of medicine. All it could do would be to improve the quality of medicine.

SCHANCHE: You're not trying to cut the doctor off at the knees. You're trying to get him up off his knees.

DR. DeBAKEY: Exactly. Exactly.

SCHANCHE: This has been a very good two hours, Mike. And I'd like more of your advice in this area. I think it's a lot of the book.

DR. DeBAKEY: Well, you know, I want to give you more too and I want to give some more and better examples of some of the little things that we have experienced in this area. I want you to read some of these letters. Some of them are poignant. That we've not been able to respond to properly. It'll give you some idea. I hope tomorrow also to get you copies of all the letters from the Reader's Digest. Some of them are rather interesting.

SCHANCHE: I like to them. Yeah.

DR. DeBAKEY: And ..

SCHANCHE: I'm sorry they cut all. .. They cut that piece more than in half.

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DR. DeBAKEY: Oh, yeah. Yeah.

SCHANKE: A tremendous amount. I'll bet they took everybody's name out of it.

DR. DeBAKEY: Almost. Yeah.

SCHANKE: Except for you and two or three other surgeons, no one... they left ..and mentioned the nurse's name and so forth.

DR. DeBAKEY: But I, in generally, the response has been very good to it.

SCHANKE: Good.

DR. DeBAKEY: Very good. I've even had people say to me that they thought the writer was..must be a very good person. You know. No, I mean, not just good in the sense of writing well. They thought it was well-written, but they thought that your...you came through as a warm person in writing it.

SCHANKE: Some apathy?

DR. DeBAKEY: Yeah. Yeah. Which I thought was rather revealing in your writing, you see? You brought that.. At least you gave them that impression.

SCHANKE: Makes me feel good. Helped my ego for another week.

DR. DeBAKEY: Did I say..? Did I tell you that I had a chance to mention to Frank Sinatra again about...

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SCHANCHE: Oh, did you?

DR. DeBAKEY: ..if he..

SCHANCHE: You didn't mentioned.. you didn't tell me, no.

DR. DeBAKEY: Yeah, I did and he, I think, is interested. He wants me to come up and visit him in September. He's going to be back. He wanted me to go to the south of France with him, but unfortunately he's not going to stay there the whole month. I may or may not get to the south of France. That's the other thing I want to talk to you about, because if I do go....

END SIDE II (B) of TAPE #8 (60 mins.)